



# The Indiana Department of Commerce

Office of Small Business Advocacy  
And

## The Indiana Chamber of Commerce

Want to Know:

### What's Driving You Nuts?

What are Your Recommendations for  
Regulatory, Mandate, or Permit Reform:

Indicate the agency or agencies involved and how the change would benefit your company or organization. Feel free to use additional paper or to provide attachments. Please write legibly.

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Name/Title \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone: (Office) \_\_\_\_\_ (FAX) \_\_\_\_\_

Email: \_\_\_\_\_

If you have additional recommendations or ideas, feel free to contact us:  
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